Sample Drop Off & Refusal Forms

Below are sample drop off and refusal forms provided by Pam Drewniak, District C-5 and Dick Cooper Portsmouth Regional Hospital. The Division of Fire Standards and Training and Emergency Medical Services neither endorses nor reccomends these forms but provides them as a sample for your use

Service Name

NH License # Date Run # Status 1 2 3 4

Name_____DOB____/_____/_____Age_____M/F_____

Address_____

Chief Complaint_____

Hist/MOI_____

Allergies_____Local Dr._____

Medical History_____

Meds_____

_____

Time	LOC	Pulse	BP	Resp.	Lungs	Pupils	SPO2
	A V P U		/				
	A V P U		/				

Airway **Treatment** **ALS**

o OP	o CPR		**IV TIME**
o NP	o Defb		GA Cath
o ET	o Monitor		Solution
o COMBI	o Extrication: Length		Unsuccessful
NB Liters	o Boards/Collar		**Drugs**:
NC Liters			
BVM			

Notes_____
_____
_____
_____

Crew_____/_____/_____/_____

REFUSAL OF CARE

I HEREBY VOLUNTARILY ACKNOWLEDGE AND STATE THAT I HAVE BEEN ADVISED REGARDING THE STATE OF MY PRESENT PHYSICAL CONDITION, AND I HEREBY VOLUNTARILY REFUSE TO RECEIVE OR ACCEPT SUCH MEDICAL CARE AND/OR TRANSPORTATION AS RECOMMENDED BY REPRESENTATIVES OF THE AMBULANCE SERVICE LISTED ABOVE, AND I DO RELEASE AND FULLY DISCHARGE SAID AMBULANCE SERVICE, ITS OFFICERS, EMPLOYEES, MEDICAL CONSULTANTS, HOSPITALS, SERVANTS, OR AGENTS FROM ANY AND ALL LIABILITY IN THE PREMISE AND I AGREE TO HOLD THEM HARMLESS.

_____ _____

Patient Signature Witness Signature

White Copy –FAST Squad Yellow Copy- Ambulance

(Name) FIRE DEPARTMENT
PATIENT INFORMATION

Incident Location: _____
Chief Complaint: _____
Secondary Complaint: _____

HPI/MOI:_____
_____
_____
_____
_____
_____

Time				
Pulse				
B/P	/	/	/	/
Resp Rate				
Lung Sounds				
SaO2				
EtCO2§				
AVPU				
Pupils				
Skin				
Temperature				
Blood Glucose§				
Monitor§				
Spinal Assess§				

§ Perform only if relevant to Patients condition

Medical Hx: _____

_____
_____

Medications*:_____
_____
_____

Allergies (Food/Meds)*:_____

_____
_____

*** Include in call only if ASKED**

Name: _____ Date: _____

Address: _____ Gender: M F
City: _____ State: _____

DOB: _____ Age: ____

(Name) FIRE DEPARTMENT
REFUSAL OF TREATMENT AND TRANSPORT

Call Location: _____
Chief Complaint: _____
Patient Name: _____
Address: _____
City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Gender: M F

Patient MUST Be:

- ❑ **18 years of age or older (if under 18, parent/responsible adult must sign card or provide telephone sign-off)**
- ❑ **Alert & Oriented X 3 (person, place & time)**
- ❑ **Advised of the risks of refusing care**
- ❑ **Free of any medical condition or injury that has altered their decision-making ability**
- ❑ **Verbalizes understanding of statement below**

Provider Initials: _____

I hereby voluntarily acknowledge and state that I have been advised regarding my present physical condition, and I hereby voluntarily refuse, on behalf on myself or my children (if any), to receive or accept such medical care and/or transportation as recommended by EMT's representing _____ or other EMS service, its officers, employees, volunteers, medical consultants, hospitals, servants, or agents from any liability in the premise and I agree to hold them harmless.

_____
PRINT Name of Patient or Parent/Responsible Adult

_____ _____
Signature of Patient or Parent **Date**

_____ _____
Signature of Witness (Non-Service) **Date**